



### Nuisance Investigation Report

I herein request an investigation of the public health hazard or nuisance described below:

---

---

---

---

Location (be specific): \_\_\_\_\_

---

Person(s) Responsible for the Condition:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner of Property (if different):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

How long has this condition existed? \_\_\_\_\_

Have you report this condition to the person responsible? ☐ Yes ☐ No

Was this condition reported to the health department previously? ☐ Yes ☐ No When? \_\_\_\_\_

Was this condition reported to another agency? ☐ Yes ☐ No What Agency? \_\_\_\_\_

By making this request for an investigation, I acknowledge that the health department may take all necessary steps consistent with the appropriate laws to investigate and effect correction if such is warranted. Such action may involve referral to other agencies or legal action that may require the need for court appearance and testimony to collaborate the conditions stated in this complaint.

Person requesting the investigation:

Name: Anonymous Signature: Anonymous Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

FOR HEALTH DEPARTMENT USE:

Complaint	Yes	No	Date	Action Taken	Yes	No	Date
Investigated				Written Notice			
Previously Investigated				Verbal Notice			
Justified				Other: _____			
Condition Found:							
Complaint Status:	Yes	No	Date	Comments			
Corrected or Abated							
Referred							
Awaiting Legal Action							
Follow-up Pending							
Sanitarian Signature:				Date:			